MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $=62-021802$				
	DEPARTMENT OF PUBLIC HEALTH AND WELFARE  STATE FILE NUMBER  Primary Registration District No. 3000 Registrar's No. 2/2  STATE FILE NUMBER			
DO NOT WRITE ON THIS STUB	AMENDED	TILED JUL 9 1962		
VS 300		1. PLACE OF DEATH GP111 SM1th Hosp. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE Mo b. COUNTY Schuyler admission		
Rev. 4/59		b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  C. CITY  OR  Inside Lim	nits	
_	AMENDED	I TOWN Kirksville Mo 6da   TOWN Glenwood Mo Yes Que	• <b></b>	
_0017		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim smith Hosp  Yes No		
20980a	DATE	INSTITUTION Grim smith Hosp.   Yest No     none   Yest No	<u>*                                    </u>	
3		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Yes (Type or print) Townson Co. Down Townson Co.		
4		Lawrence Berl Toney DEATH July 3 196		
5			Min.	
		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUN	<b>ITRY</b>	
_ 6	§	during most of working life, even if retired) Railroad Exline Iowa U.S.A.		
7 /	LOTION LOTION	13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE		
8 -	2	William C Toney Laura Etta Ellis Iva Toney  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.   17. INFORMANT  Address		
000.4	<u> </u>	(Yes, no, or unknown) (If yes, give war or dates of service no no no Cecil Toney Downing Mo		
		1 10 CALICE OF OFATH (Enter only one cause net line)	WEEN	
10		IMMEDIATE CAUSE (8) Cores (200 Cores) accoment 45 lux	<u> </u>	
¢ 11				
14 / ~ ()	INSTEAD DOC	which gave rise to	<del></del>	
		above cause (a), stating the under- lying cause last. DUE TO (c)		
	5			
·	<u> </u>	☐ Yes ☐ No ☐ Ur	nknown	
	AWENDWENIS	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease was female there a pregnancy in last 90		
JA	<b>{                                     </b>	ZOc. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
RIBBON		20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STA	ATE	
<b>*</b>		WHILE AT WORK  farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK		
I PR	REA	21. I attended the deceased from lo 126 to 2, to 7, 3, lo 2 and last saw him alive on 7.3. Lo 2	_ <del></del>	
# # *×		Death occurred at 4135 Am on the date stated above, and to the best of my knowledge, from the causes stated.		
USE BLAC OR IYPEWRITER	SHOULD TOF			
F		The said of the sa	رو کــ	
	M NO.	REMOVAL (Specify) Burial July5 1962 IOOF Glenwood Mo		
	EM P			
		Normans Lancaster Mo July 5, 1962 Nous W. Gatteff		
·	•	(licensed Embelsel's Statement on Payerra Side)		

-361 CO 1/1.

, T. ENGLISH, M.J

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is r	ecorded on the reverse side of this certificate was embalmed by me,	
or by	, Student Embalmer No	
working under my personal supervision.	Man & Later	
StudentSignature of Student Embalmer	Signed (Class)	
, ±,,	P. O. Address Ukmille 1100	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.